

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5679

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2136

04 DEATH SIDENCE	1. PLACE OF DEATH A. COUNTY Maricopa				2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Gila					
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Phoenix				C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 45 days 9 mos.					
	D. FULL NAME OF HOSPITAL OR INSTITUTION VA Hospital, Phoenix, Arizona				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 596 E. Maple					
ENT NAL A 143 H 051	3. NAME OF DECEASED (TYPE OR PRINT) JOHN C. HANIFY			4. SEX Male		5. COLOR OR RACE White				
	6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			7. DATE OF BIRTH MONTH 7 DAY 25 YEAR 08		8. AGE YEARS 43 MONTHS 2 DAYS 9		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Lineman		
	9B. KIND OF BUSINESS OR INDUSTRY Telephone Co.		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Iowa		11. CITIZEN OF WHAT COUNTRY? U.S.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) Yes WWII			
	14A. FATHER'S NAME Kery Hanify		14B. BIRTHPLACE (STATE OR COUNTRY) Iowa		15A. MOTHER'S MAIDEN NAME Barbara Pariyek		15B. BIRTHPLACE (STATE OR COUNTRY) Iowa			
	16. INFORMANT'S SIGNATURE VA Hospital, Phoenix, Arizona				17. DATE OF DEATH (MONTH) 10 (DAY) 4 (YEAR) 1951					
110X ISE TH 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING. SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.				MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Myocardial insufficiency (congestive heart failure) ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Rheumatic heart disease with mitral stenosis and cardiac enlargement DUE TO (c) Mural thrombosis of right atrium and pulmonary infarction II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH 5 months 4 years Unknown	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)					
TH TO NAL NCE	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?					
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 8-20-51 TO 10-4-51 IN THE DEGREE OR TITLE OF Chief Medical Service				23A. SIGNATURE B.M. LIPSCHULTZ, M.D.		23B. ADDRESS VA HOSPITAL, Phoenix, Arizona			
CAL DNER'S ATION	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE Oct. 8, 1951		24C. NAME OF CEMETERY OR CREMATORY Globe Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Globe, Arizona			
	25A. DATE REC'D BY LOCAL REG.		25B. REGISTRAR'S SIGNATURE Bulah Johnston		26. FUNERAL DIRECTOR'S SIGNATURE Henry J. Foman		27. EMBALMER'S SIGNATURE Henry J. Foman			
RAL TOR D RARR	10/6/51		10/5/51		150		CERT. NO.			
	FORM VS 2 REV. 8-50									

Arizona Funeral Home